

Meeting Minutes



Joint Commission on Health Care

Thursday, October 3, 2019 – 9:30 a.m.

Senate Committee Room A- Pocahontas Building

Members Present

Delegate David L. Bulova
Delegate T. Scott Garrett
Delegate C.E. “Cliff” Hayes, Jr.
Delegate Patrick A. Hope
Delegate Riley E. Ingram
Delegate Kaye Kory
Delegate Christopher P. Stolle

Senator Charles W. Carrico, Sr.
Senator Rosalyn R. Dance
Senator Siobhan S. Dunnavant
Senator L. Louise Lucas
Senator Glenn H. Sturtevant, Jr. (call in)
Senator David R. Suetterlein

Members Absent

Senator George L. Barker
Senator John S. Edwards
Delegate Christopher K. Peace
Delegate Roslyn C. Tyler
Honorable Daniel Carey, M.D.

Staff Present

Michele Chesser
Paula Margolis
Andrew Mitchell
Stephen Weiss
Agnes Dymora

Call to Order

Senator Dance called the meeting to order.

Dr. Margolis, JCHC Senior Health Policy Analyst, presented the study: The Dispensing of drugs and devices pursuant to pharmacy collaborative practice agreements, standing orders and statewide protocols. She provided a brief background of the characteristics of the pharmacy workforce in Virginia, based on an annual survey conducted by the Department of Health Professions Workforce Data Center. The large majority of respondents reported that they obtained a doctoral degree in pharmacy. In addition, Dr. Margolis reported that the pharmacy school at Virginia Commonwealth University confers doctoral degrees exclusively (B.S. degree programs are discontinued) and that this is a national trend. Key elements of pharmacy education includes basic patient assessments, basic medical and drug histories and the need for treatment and/or referrals to a medical doctor. She then provided a summary of the collaborative practice agreements (CPA) regulations noting areas of potentially changes. Dr. Margolis addressed the issue of liability and noted that requirements for liability insurance are the same as for other health professionals in the Commonwealth. She then addressed the issues of statewide standing orders and protocols and provided information on practices in other states. In addition, information was provided on laboratory tests that could be safely administered by a pharmacist and conditions, such as influenza and strep throat, that could be added to statewide protocols. Dr. Margolis ended by providing policy options that the JCHC may consider.

JCHC staff (Andrew Mitchell) presented the study: Increased Prescription Delivery Options At Same Cost For Health Plan Members (HB 2223). The presentation provided background on "Any Willing Provider" laws, the role of Pharmaceutical Benefit Managers (PBMs) in the delivery of prescription medicines by the mail order channel, and differences between mail order and retail channels in the delivery of prescription medicines. The study focused on potential cost and quality impacts of HB 2223, legislative and regulatory changes that might be required to implement HB 2223, and other approaches to addressing potential PBM conflicts of interest in provision of prescription medicine benefits. Three policy options were provided, including establishing a regulatory framework for the Bureau of Insurance to oversee PBMs, recommended modifications to HB 2223, and alternative approaches to addressing potential PBM conflicts of interest.

JCHC staff (Andrew Mitchell) also presented the study: Naloxone Public Access and Storage (HJ 653). The presentation focused on the importance of training in opioid overdose situations, whether increased accessibility of naloxone in public places (including co-location with AED units) would be an effective use of resources, and supply-/demand-side considerations of positioning naloxone in public places. The study found that: training remains important to most effectively respond to opioid overdose events - and that there may be opportunities to improve information provided to the public on opioid overdoses and naloxone; while a focus on co-locating naloxone with AED units may not be the best use of resources, positioning naloxone in public places may be an effective strategy in some circumstances; there are a variety of channels by which the public can procure naloxone at reduced costs, but that there is hesitancy by some organizations to make naloxone available on their premises for use in emergency situations; and that civil/criminal liability protections could be expanded for administering naloxone (due to it's scheduling in Virginia as a Controlled Substance). Five policy options were provided, including legislation to add representatives of public places as persons authorized to possess/administer naloxone, expanding civil/criminal liability protections for administering naloxone, requesting that the Board of Pharmacy provide information to pharmacists about Virginia laws making naloxone available without a patient-specific prescription, and requesting the HHR/PSHS Secretaries to convene a task force to identify opportunities for 911 call centers and regional Poison Control Centers to provide information to the public on opioid overdoses and naloxone.

Stephen Weiss, Sr. Health Policy Analyst, presented on "supported decision making for the intellectually and developmentally disabled (IDD)" pursuant to HJR 729 (Delegate Kory). Supported decision making can be an alternative to guardianship or it can be incorporated into a guardianship order. People who are placed under guardianship are determined by a circuit court judge to lack the capacity to make decisions for themselves. The court, through a hearing process, determines what rights a person may lose (e.g. vote, drive, where to live, etc.). The presentation described the different types of guardianship available in Virginia (e.g. public (for the indigent) or private; full, limited, or temporary) and the legal process by which a person is placed under guardianship. The presentation noted that there were approximately 12,000 private guardians in the Commonwealth and 1,049 public guardians. Both public and private guardians are required to file annual reports indicating the status of the people under their purview. In addition,

public guardians are paid by the state through appropriations, there is a fixed number based on the availability of funds, and public guardians are regulated by the Department of Aging and Rehabilitative Services (DARS). The presentation described the availability of data and information related to people under private guardianship and noted that while the data has improved significantly over the past few years there is still room for more improvements. Recommendations and policy options were made to improve the data to help policy makers and others determine who is under guardianship and if guardianship is the best option for each person. The presentation described supported decision making as a process by which a person can legally include others (friends and/or family members) in their decision making process. While supported decision making can be part of a guardianship order it can also be an informal agreement or a contract that can provide legal protections to physicians, landlords, hospitals and banks that work with the IDD, avoiding discrimination and allowing individuals to exercise their decision making rights. The presentation found that the opportunity for people to learn about alternatives to guardianship, including supported decision making, were limited. Recommendations included clarifying the Virginia Code as the initial step in informing the public, directing the Virginia Department of Education to update and encourage school divisions to use their information during the federally required Individualized Education Programs (IEP) for children in special education, having supported decision making included in the Department of Behavioral Health and Developmental Disabilities and Trade and Commerce (contracts) Code sections (using Delaware code as a base for language) and requiring court appointed guardian ad litem who are required to submit a report to the court on the condition of the person being considered for a guardianship appointment to include reviews of the IEP for people aged 17.5 and 21 and whether supported decision making may be a better model for an IDD individual. Finally, the presentation found that guardianship orders are written by petitioning attorneys and do not include standard language referring to various sections of Virginia Code that can help provide clarity to the process. A recommendation was made to add standard language to all guardianship orders.

Electronic Meeting: YES

Senator Glenn H. Sturtevant Jr.- prior work commitment

Prepared by:

Agnes Dymora